2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# L05000077255

Entity Name: H-5, LLC

Current Principal Place of Business:

12773 W FOREST HILL BLVD.
#1211
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

12773 W FOREST HILL BLVD.
#1211
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 20-3265259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRESCOTT, WARREN L
51 RIVER DRIVE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRP	( ) Delete
Name:	PRESCOTT, WARREN L	
Address:	51 RIVER DRIVE	
City-St-Zip:	TEQUESTA, FL 33469 US	
Title:	VPG	( ) Delete
Name:	PRESCOTT, LOURDES M	
Address:	51 RIVER DRIVE	
City-St-Zip:	TEQUESTA, FL 33469 US	
Title:	S	( ) Delete
Name:	TOMEU, ADELA M	
Address:	115 ALPINE RD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	V	( ) Delete
Name:	RODRIGUEZ, FRANSISCO	
Address:	P.O. BOX 454	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	VP	( ) Delete
Name:	RODRIGUEZ, ROBERTO	
Address:	P.O. BOX 454	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	T	( ) Delete
Name:	CRAWFORD, JEFFREY	
Address:	3 DEER CT	
City-St-Zip:	PALM BAY, FL 32909	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WARREN L PRESCOTT MGRP 01/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date